Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 1 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Luis	A. Torres Vidro
Participant's Address: Urb. Ex	tension San Jose 3 FE13 caller Ben707
Participant's Email Address: <u>latorn</u>	es 22 @ yahoo: com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim numb	er and the nature of Participant's Claim:
Claim Number: 384	02
Nature of Claim: Pens	ion/Refiree Claims
By: Lin a Dem Vide	
Signature Luis A. Torres Vidro	
Print Name	
	· · · · · · · · · · · · · · · · · · ·
Title (if Participant is not an indi-	vidual)
August 10, 2021 Date	
	111. 111. 111.

San Juan, PR 00919-1767

150 Ave. Carlos Chardon Ste 150

Sabana Grande, PR 00637 #13 calle 12 Buzón 707 Extension San José 3

00918-170625

Miller March March

United States District Court Clerk's 10 AUG 2021 FM 1 SAN JUAN PR



### 

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:				
Participant's Name:	Rupen Gonez Saistana			_
Participant's Address:	HC-1 BOY 4000 Magusto	o, POR	007/8	
Participant's Email Address: _	ruben 11123 @ hotmail.co	m		_
Name of Counsel:	CM-			_
Address of Counsel:	m			
Email Address of Counsel: _	midde			
2. Participant's Cla	aim number and the nature of Participant's	Claim:		
Claim Number:	A THE PERSON NAMED IN COLUMN TWO			<del>_</del>
Nature of Claim:	Pension/Retiree		a de la constante de la consta	
By: Signature	Market 18 1 September 18 Septem	100	3	Legisla Western
Ruben Gome	2 Santana	200		
Print Name		290 290	= 8	
Title (if Participant is no	ot an individual)	185		
		25.1	32	
Date Date	370 AE 261			And the second second of

MASUABO, PR SONISHIN

UNITED SPATES DISTRICT COURT CLERK'S OFFICE CHARDON STE. 150 (50 ANE CARCOS CHARDON STE. 150 SAN JUAN, DIZ. 60918-1767







### 

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	SAMUEL MERCADO RIDS	
Participant's Address:	HC7BOX 75001; San Sebartion PR 0068	5
Participant's Email Address	: Contabilidadelasea@yohoo.com	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	#170266	
Nature of Claim:	Debts Clasine? Deportment of Harra	u Itaa
By: Samueller Signature	rubRis	
Charles of powder that the same	Mercado	
Print Name		
Se IF Cla i'r Title (if Participant is	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8/10/2/		
Date		

SAN SEBASTIAN, PR 00685 SSAMUEL MERCADO RIOS HC 7 BOX 75001

COUT OF LINES

OFFICE UNITED STATE DISTRICT COURT, CLERK'S NOTICE TO THE COURT'S CLERK'S OFFICE AT:

SAN JUAN, PR 00918-1767

150 AVE . CARLOS CHARDON STE. 150,

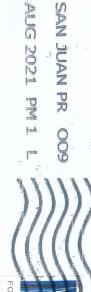
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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 7 of 108

Participant must provide all of the information below in English:

raticipant's contact information, including email address, and that of its counsel,
Participant's Name: RtzA I Conception Santana
Participant's Address: HC 2 Box 15835 D. Capling IR ODIET
Participant's Email Address: M. Tivera concepcion @gmail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 3253 - UTS
Nature of Claim:
By:
Signature
Print Name
CP.Adj
Title (if Participant is not an individual)
Date



### 

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	
Participant's Name:	Tavarez Vazquez, Eduardo
Participant's Address:	BOX 8292 Jumação P/ 20792-829.
Participant's Email Address:	NIA
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C Claim Number:  Nature of Claim:  By: Eland 2  Signature  Eduardo T  Print Name	
Title (if Participant is $\frac{8/5}{21}$ Date	not an individual)

Eduardo Tavarez Box 8292 Ph 00

On 00792-8292 To ALE Dist



### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 11 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:			
Participant's Name:	Pedro E. Br	guo Rodri	guez
Participant's Address:		(21978 A	
Participant's Email Address:			
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:	*		
2. Participant's	Claim number and the natu	re of Participant's Clai	m:
Claim Number:	-		
Nature of Claim:			
Signature	Son Silver	, co , 1> , c	RECE 2021 AU
Print Name	avo Rodnique	2	
Title (if Participant is	not on individual)		
8/10/21	not an individual)		33
Date			132

Nereida Vega HC 3 Box 21978 HC 3 Arecibo, PR 00612 RECHIVED & FILED

## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 13 of 108

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:	
Participant's Name: Zosaida Chévere Fraguado	
Participant's Address: URb. Jardi Nes de C. Club Strettiz-R-10098:	3
Participant's Email Address: ZORY Cheverelligi mail. Com	
Name of Counsel: Income JON zalez Morales	
Address of Counsel: Edificio Gallardo, San Jann, P. Roo 921	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: The Common WEalTh of Puer to Rica, No. 17 BK 3283-J	T
Nature of Claim: Discove Ry For Cov Fina TioNof Common wealt  By: Zoral Rener tograde Plan o Fadjus TMENT.  Signature	h
Zoraida Chévere Fragunda Print Name	(12)
Title (if Participant is not an individual)	
<u>Agosto, 9, 2021</u> Date	

00916-170999 10 AUG 2021 PM 1 L The state of the s SAN JUAN PR 009 PR-00918-1767

Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc:

Pro se Notices of Participation Page 15 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Jimmy Jonzalez Arroyo
Participant's Address:	32 Camino Lourdes SJ P.R 00926
Participant's Email Address:	Sniderxx@yahoo.com
Name of Counsel:	WEST OF THE PARTY
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	69058
Nature of Claim:	Pension   Retiree Claims
By:	the to serve your days diseases y requests. If you file this Notice
Signature	The second of th
Jimmy Conz	ale Arroyo
Print Name	to participate in discusory. If you do not file this Bicomus-
les still be able to version the	Thin, if you are otherwise qualified to vote so the
Title (if Participant is a	not an individual)
9 Agosto 2	2 Conscion with regularization of the Debt 2 Conscion when the
Date	78E 4

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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 17 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Marcos Santiago Morales Participant's Name: HC 2 Box 8455, Yabucoa P.B. 00767 Participant's Address: Participant's Email Address: marcoscmaio: 6 out lock.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 172058 Claim Number: Nature of Claim: Marcos Entre Muroley
Signature

Marcos Santiage Title (if Participant is not an individual) 10 Agosto -2021

00918-170825 50 Aug. Carlos Chardon Ste, 15-2 Juan P. R. 00 918-1767 The second secon States Distre SAN JUAN PR

# Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 19 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Lilliam Montañez Marrero
Participant's Address: C/18 V-24 Urb. La Esperanza Vega Alta P.R. 00692
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel: N/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 99501
Nature of Claim: Public Employee and Pension/Retiree Cla
By: Gillian Montane Marrew
Signature
Lillian Montañez Marrero Print Name
Title (if Participant is not an individual)
August 10 2021
Date J

COLS V-24 UVB. La Espe LERK'S OFFICE S.DISTRICT COURSAN JUAN. P.R. 00692

La Esperanza SAN JUAN PR 00 00692 10 AUG 2021 PM 1. 1

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San Juan P.R. 00918-1767

clerk's Office

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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 21 of 108

Participant must provide all of the information below in English:

1. Participant's co	ontact information, including email address, and that of its counsel,
Participant's Name:	Jose GÓMEZ RIVERA
Participant's Address:	CALLRAK-FZI VILLA ENCANTOS
Participant's Email Address:	JGMRZ 508 RGMAIL. COM
Name of Counsel:	PRTELCO.
Address of Counsel:	SANJUANPR.00936
Email Address of Counsel:	N/A
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17508-1
Nature of Claim:	RETIRED. PRITELCO.
By: Signature	
Digitature	2 7
Print Name Jose 68	Mez Rivera
Title (if Participant is r	not an individual)
Date AUG. 8-	21

LECEIVED & FILED JUAN PROOFS

To: UNITED STATES

00919-170625

DISTRIST COURT CLERKS OFFICES

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SAN JUAN PR 009

GOMEZ RIVERA



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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 23 of 108

Participant must provide all of the information below in English:

<ol> <li>Participant's c if any:</li> </ol>	ontact information, including email address, and t	hat of its counsel,
Participant's Name:	Myrna L. SAntos Acevedo P. D. Box 652 Agyas Byenas &	
Participant's Address:	P. D. Box 652 Agyas Byenes &	R 00703
Participant's Email Address:	irmalyz532 gmail. com	*
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Clair	n:
Claim Number:	17BK 3283-LTS	
Nature of Claim:	Docket entry 17431	
By: Myma L. Sa Signature	(4)	
Myrng L. S Print Name	andos Aceredo	SECEIVED
		101 <b>= = = = =</b>
Title (if Participant is	not an individual)	PR S
August 6,	202/	34 S

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### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 25 of 108

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Nueva F-15, Villa Clementina, 660. P.R. D969 Participant's Address: Umm 1958 9 hotmail.com Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By:

Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33

Pro se Notices of Participation Page 26 of 108

I am claiming the amount of \$49,600 dollars,

I am claiming the amount of \$1979. Uniform

based on LAW 89 of July 12,1979. Uniform

based on LAW 89 of July 12,1979. Uniform

for Paerto Rico Telephone. These are from

for Paerto Rico Telephone. These are from

July 5, 1983 to February 23, 1985 with a

July 5, 1983 to February 23, 1993 to Quest

relentry from August 9, 1993 to Quest

9, 1999.

6 aayn 4 60, P.N. 00969 Villa Clemen-いしゃ

Ste. 150, San Juan, P.R. 00518-1767 150 Que. Carlos Chardon District Court

9 AUG 2021 PM 2 SAN JUAN PR 009



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### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 28 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Promesa III (El Romerazo)

By:

Magros Fqueroa Torres

Print Name

Title (if Participant is not an individual)

Caosto 9-2021

70 Box 8910 0 730-8910

Pampanos 5000 THUELOG

To. United State KICO 00918-1767 Chardon Clerk's Office



10 AUG 2021 PM 1

Participant must provide all of the information below in English:

<ol> <li>Participant's of any:</li> </ol>	contact information, including email address, and that of its counsel,	
Participant's Name:	Maria de Lourdes Gomez de Jesus	
Participant's Address:	V.O. Box 67 San Lorenzo PR 00754	
Participant's Email Address:	: mara 9 420010 yahoo. com	
Name of Counsel:	- nla	
Address of Counsel:	- na	
Email Address of Counsel:	- n/a	
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	173800	1-2
Nature of Claim:  By: More De Horn  Signature	Salary Claim - Civil Niem KPE 2007- alessos	.4359(803)
Maria de L. Ga Print Name	romez de Jesus	
Title (if Participant is  Ougust 8 2	s not an individual)	ED & FILED

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ESTADO LIBRE ASOCIADO DE PUERTO RICO TRIBUNAL DE PRIMERA INSTANCIA SALA SUPERIOR DE SAN JUAN

ALBERTO AGRON VALENTIN ASTRID N. AGOSTO FERNANDEZ LILLIAM ALMEYDA IBAEZ LYDIA E. ALBERTORIO RICARDO ALONSO FORTIER JOSE H. ANTUNEZ QUILES IRIS N. ARROYO MONJICA PEDRO ALVES PIEIRO NILDA I BARRETO HERNANDEZ MELVIN E. BERRIOS DAVID EDWIN BORRERO ALAMO JULIA I. BUENO RAFAEL E. BOU PADILLA KENNETH BURGOS CORA NORMA M. CANCEL AYALA DHALIA N. CANCEL NIEVES ELVIN CASIANO BELLO JESUS R. COLLAZO CLAS MILAGROS COLON PEREZ JOSE A. CARABALLO PADILLA SONIA CARABALLO DELGADO NEVADA E. CARRION DIAZ ISMAEL CASTRO NEGRON JULIO CINTRON ESPINELL JAVIER CLAUDIO VELEZ LESLIE CORTES SANCHEZ JORGE IVAN CORA RIVERA CELEDONIO CRESPO SEPULVEDA JUAN R. CRUZ BERRIOS NYDIA CRUZ MONTES HECTOR CRUZ VELAZQUEZ FELIX A. DIAZ BURGOS EDNA L DIAZ DIAZ AUREA ENCARNACION RIVERA FELIX A. FALCON RIVERA RAYMOND FERGELEC CINTRON ELIA J. FIGUEROA CARRILLO MAXIMINO FIGUEROA RIVERA MARIA DE LOS ANGELES FONTANEZ COSME JOSE I. FONTANEZ ORTIZ SONIA FUSTER GONZALEZ RUBEN GARCIA ACEVEDO JORGE L. GARCIA RIVERA GERARDO GARCIA VARELA RAFAEL GAZTAMBIDE VAZQUEZ MARIO GIERBOLINI RODRIGUEZ JOSE A. GOMEZ RIVERA MARIO GONZALEZ GONZALEZ ANDERSON GONZALEZ CONTRERAS BRENDA L. GONZALEZ DIAZ ROBERTO GONZALEZ JOSE D. GONZALEZ RAMOS DAMARIS GONZALEZ SANTIAGO LUIS D. GONZALEZ SANTIAGO MIRIAM GONZALEZ SANTIAGO

I CIVIL NÚM. K PE2007-4359 (803)

SOBRE:

RECLAMACIÓN DE SALARIOS. AUMENTO POR MÉRITO APROBADO POR LA JUNTA DE DIRECTORES PARA LOS AÑOS 2005, 2006, 2007, 2008, 2009 Y 2010; DIA POR PROCLAMA A TIPO DOBLE Y SIN CARGO LICENCIA ALGUNA, Y RECLAMACIÓN DE HORAS EXTRAS.

Maria de Lourdes Gómez de Jesus

ANDRA GREGORY RIVERA



United State District Coulson Steel Source Carlos Chardon
Steel 50
Steel 50
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Steel 50
Source Chardon

### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 34 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Elvis M. Sanchez Lopez
Participant's Address: Calle Reing C-12 Vista Del Morro Catawa P. R. C
Participant's Email Address: elvis 252532@gmail.Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: Elvis M. Sanchez Lépez  By: Elvis M. Sanchez Lépez  Signature
Elvis M. Sanchez Lopez Print Name
100 21 32 194 ph. 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Title (if Participant is not an individual)
Date 8/9/202/

Court's Clerk's Office

United States District Court, Clerk's Office,

150 Ave. Carlos Cardón Ste. 150, San juan, PR.00918-1767

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SAN JUAN PR 009

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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 36 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	a a second
Participant's Name:	Liliana Velozquez Turres
Participant's Address:	HC-03 BOX 7624 Confiedros Pa
Participant's Email Address:	lilionout@live.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim  By: Signature  Light Velocity  Print Name	ngus tores
Title (if Participant is	not an individual)
7 - agus lo Date	- 2021

GOOIGH LYCEN

Co 918-1767



#### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 38 of 108

Participant must provide all of the information below in English:

1.		's contact information,	including email address	s, and that of its coun	sel,
Participant	if any: 's Name:	Norberto	Velótavez	Velonguez	
0 <del></del>	's Address:	HC03 BOX	7624 COSPI	edras Pla	<u>m</u>
Participant	's Email Addre	ss: lilianovto	live Com	-	
Name of C	Counsel:		<i>3</i> .		
Address of	Counsel:				
Email Add	lress of Counsel	l:			
2.	Participant	's Claim number and th	ne nature of Participant	's Claim:	
Claim Nun	mber:		9. 1		
Nature of (	Claim:	10 10 1 141 1 1P			L
Prin	nature  nt Name  About  le (if Participan	Jelongung List is not an individual)	belagios	THE CEIVED & FILEU	
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### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 40 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Misel Velarquez Tures
Participant's Address:	Hc-03 Box 7624 los Piedrosfillo
Participant's Email Address:	y iselvelaguer la gmail. Cem
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:  By:  Signature  Print Name	gle Ique Tons
Title (if Participant is	Tarket 11
1-0905/ Date	- 2027

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### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Pro se Notices of Participation Page 42 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, Participant's Name: Participant's Address: Sebastion PR 00685 Participant's Email Address: edithred & MARCOM Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: 172714-1 Nature of Claim: asmed Dipoch ment of Agriculture Signature - en Rep. Victor Manigron Title (if Participant is not an individual)

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1.

URB. COLINAS VERDES SAN SEBASTIAN, PR 00685 CALLE1 - R - 12

VICTOR M NEGRON MOLINA

0919-170625

SAN JUAN, PR 00918-1767

150 AVE. CARLOS CHARDON STE. 150,

The state of the s

OFFICE UNITED STATE DISTRICT COURT, CLERK'S NOTICE TO THE COURT'S CLERK'S OFFICE AT:



#### 

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	He 60 Box 12560, Agua da PR 00602
Participant's Address:	A second
Participant's Email Address:	Contabilidad elasea @ yohoo. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim Number:  Nature of Claim:  By: Signature  Luis A. Que  Print Name  Self Pachi  Title (if Participant is  8   10   21  Date	12 C - A-

AGUADA, PR 00602 HC 60 BOX 12560 LUIS A QUINONES FIGUEROA

SAN JUAN, PR 00918-1767

150 AVE. CARLOS CHARDON STE. 150,

OFFICE UNITED STATE DISTRICT COURT, CLERK'S NOTICE TO THE COURT'S CLERK'S OFFICE AT:



SAZ JEAZ TO

### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 46 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

If any.	
Participant's Name: Lauro Rivera O	Aiz
Participant's Address: Calle San Cristokal P-15	S Urb. Alturas de San Pedr Fajarda P.R. 00
Participant's Email Address: riveralauro & iclou	id. com
Name of Counsel:	<del>i</del>
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of P	'articipant's Claim:
Claim Number:	
Nature of Claim: Increase of salary no	t received (Law 89 and
By: Lauro Rivera Orti	2002)
Lauro Rivera Ortiz	REDEIVED & FILED  MEDEIVED & FILED  MEDEIVED & FILED  SAN JUAN. 81
Print Name	
Title (if Participant is not an individual)	AX P
August 8, 2021	200 W E
Date	S

Unb Others de Son Rob C/Son Corstéba / P. 15 C/b, P. R. 0738

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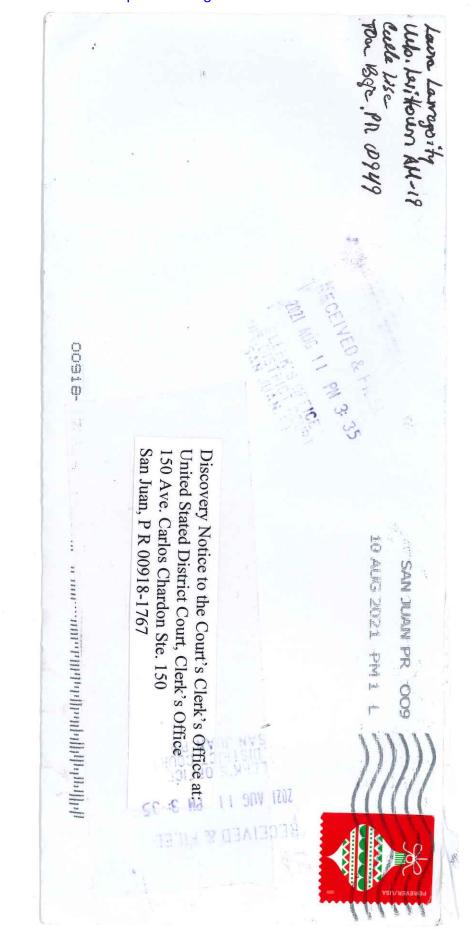
#### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 48 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Laura Larragoity Muriente Participant's Name: C/23a AH-19 wb. Littown, Toa Baja PR 00949 Participant's Address: Participant's Email Address: <u>qualed 20 @gmail.com</u> Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 17 BK 3283 - LT3 Claim Number: Nature of Claim: By: Signature laura Larrapoits Humente Print Name Title (if Participant is not an individual) 3 de agosto de 2021



#### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 50 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	1	
Participant's Name:	Wanda I. Ortiz Conzález	
Participant's Address:	Calle San Cristobal P-15 Urb. Alt. de San Pedro	
Participant's Email Address	: wardaire ortiz @ g Mail. Com	00'
Name of Counsel:		
Address of Counsel:	<u> </u>	
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:		
Nature of Claim:	Increase of salary not received (Law 89 and 200	(60
By: Monda D. () 1. Signature		
Wanda T. Dr. Print Name	s not an individual)	
	TOP OF FE	
Title (if Participant i	s not an individual)	
August 8,20	<u>}                                    </u>	

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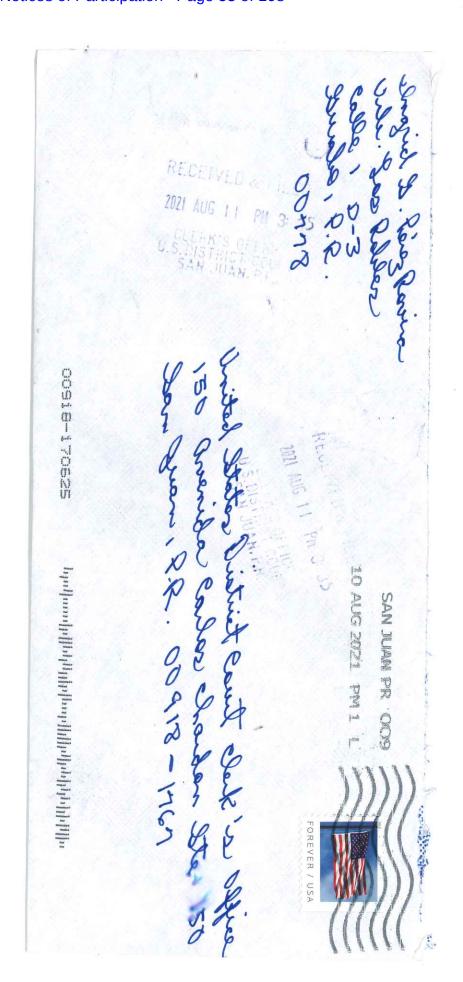
#### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 52 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Ingrid G. Perez Rovira
Participant's Address:	4th. Los Nobles d.3 calle 1 Gurabo, P.R
Participant's Email Address:	ingridgerez rovira e, gmail com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-275
Nature of Claim:	Promesa Little III
By: Congril S. B. Signature  Trignid G. ferez  Print Name	
Title (if Participant is	not an individual)
Date	



### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 54 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: hourdes M. Torres Morales
Participant's Address: RR-3 Box 10151 Toa AHa, P.R. 00953
Participant's Email Address: Juana a prtconet
Name of Counsel: $\frac{N/A}{A}$
Address of Counsel: $\frac{p/A}{A}$
Email Address of Counsel: W/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 49762
Nature of Claim: See Next Page Note
By: Jourds M. Tones Mosales
Print Name
Title (if Participant is not an individual)
Hugust 7, 2021
By: Jourdes M. Torres Morales Signature  Lourdes M. Torres Morales Print Name

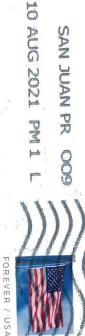
Mate: 17-03283-LTS Doc#: 17794-1 Filed: 08/12/21 Entered: 08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 55 of 108

I am claiming the amount of \$27,600,00 dollars based on law 89 of July 12, 1979, Uniform Lay Romerazo" for the years that I worked for Paerto Rico Feliphone Company. These years are from april 12, 1976 to April 12, 1999.



Ms. Lourdes Torres-Morales RR 3 Box 10151 Toa Alta, PR 00953-8003

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#### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Pro se Notices of Participation Page 57 of 108

Participant must provide all of the information below in English:

1. Participant's if any:	contact information, including email address, and that of its couns	el,
Participant's Name:	Luis Antonio Figueroc PO Box 2312, Cucyana PR 00 785 Figueroaluis 48 Dyshoo. com	
Participant's Address:	PO BOX 2312 Cucyane PR 00 785	9 =
Participant's Email Address	: figueroaluis 48 Dyshoo.com	
Name of Counsel:		_
Address of Counsel:		
Email Address of Counsel:		_
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	2706	
Nature of Claim:	Pension/Retiree	
By: Signature	wer Symo	
Luis Antonia Print Name	Figheron 25 E	
Title (if Participant is  08   09   2	not an individual)	

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Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 59 of 108

Participant must provide all of the information below in English:

<ol> <li>Particip if any:</li> </ol>	ipant's contact information, including email address	, and that of its counsel,
Participant's Name:	Luis Antonio Figueroa	2 1
Participant's Address:		-PR 00785
Participant's Email Ad	P. I TEN	100.Com
Name of Counsel:	or the state of th	L S AND WAS
Address of Counsel:		
Email Address of Cour	nsel:	
2. Particip	pant's Claim number and the nature of Participant's	Claim:
Claim Number:	2706	
Nature of Claim:	Pension / Retiree	file of the same
By: Signature	Lecer Ana	707 207
Print Name	white riqueroc	AECEIV 2021 AUG 2021 AUG 2021 AUG 2021 AUG
property of the	to the foreign and an arrangement of the country. The	TANS I ED &
08/09	pant is not an individual)	PM 32 Z
Date		0

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mon, PR 00 518-1762

#### Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Pro se Notices of Participation Page 61 of 108

Participant must provide all of the information below in English:

1. Participant's c if any:	contact information, including email address, and that of its counsel,
Participant's Name:	Rodney E. Ortiz Bosch
Participant's Address:	HC-03 Box 10637 Gurabo P.R.0077
Participant's Email Address:	alysonmichelle 1@ hotmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	37429
Nature of Claim	Pension/Retiree Claims
By: Signature  Rockey F. Or  Print Name	The Bosch
Title (if Participant is	
August 9, 20	021

RECEIVED & FILED Box 10637

CLERK'S CHAIRE DOTTS

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Carlos Chardon Ste. 150

P.R. 00918-1767

## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 63 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

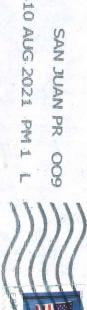
if any:		8	os, and that o	i its counsei,
Participant's Name:	William A. Bo	RRERO GOR	DERO	
Participant's Address:	ub. HACIENDA DE			coto Loure
Participant's Email Address:				Market Street
Name of Counsel:	allow A			
Address of Counsel:				
Email Address of Counsel:		Min.cycl	8	
	Claim number and the n		s Claim:	
	13,328.37-136		OWE ME	For Pausing
By: Signature	a Cordero	i staliw vranjesyn gertanen sete - Le G kraten se e- e- az iud , engal-eget;		202
Print Name  Title (if Participant is	de la suit (l'especial) de la suit de la suite destaite de la suite de la suite de la suite de la suite de la suit		DISTRICT SAN JUAN	CEIVED &
Date Pages to - 207	U		- Péd	FILED

P.O. Box Boo 241 wto, Laurel, pane. 00780

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SANJUADIPUL. 00918-1767.



#### 

Participant must provide all of the information below in English:

if any:	contact information, including	email address, and the	hat of its counsel,
Participant's Name:	Garmen C F.	iqueros X	ternaidez
Participant's Address:	Sarrier C F. Alt. Le Vega Baj q	calle BG13	V. Baja P. Ro
Participant's Email Address	: Cating elliot eg	Mail. Com	
Name of Counsel:	- No me conteste	24	
Address of Counsel:		2	
Email Address of Counsel:	~ · · · · · · · · · · · · · · · · · · ·		
2. Participant's	Claim number and the nature of	of Participant's Clain	a:
Claim Number:	17 BK 3283	LTS.	-121
Nature of Claim:	- No se		<u> </u>
By: Signature	- Figueroa	S.D.S.	RECEIN 2021 AUG
Cargen C	Figueros	\$5	
Print Name			
Title (if Participant is	s not an individual)	390	20
9 de agost	0 2021	· · · · · · · · · · · · · · · · · · ·	

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# Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Participant four photine and participation of the photine and participant four pho

<ol> <li>Participant's contact information, including email address, and that of its counsel,</li> </ol>	
Participant's Name:    Jose A. Figure-oa Colon	
Participant's Name:	
Participant's Address: Calle Verbena # 421 Wh Coudad JudnIII Took	P.R
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
2. Participant's Claim number and the nature of Participant's Claim:  96478  Claim Number:  Public Employee/Rensian/Retirre Claims  By: Signature  Signature	
Nature of Claim: Public Employee/Pensian/Retirre Claires	
By: Jose Jutal figurery Colin	
Signature	
Jose Anibal Figueron Colon	
Print Name	
Title (if Participant is not an individual)	
6 de agosto de 2021	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

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ffice, 150 Ave. Carlos Ethurdon Ste. 150, San Juan, P.R. - 00918-1761



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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 69 of 108

Participant must provide all of the information below in English:

1. Participant's c if any:	contact information, including email address, and that of its cour	ısel,
Participant's Name:	Jovita Rivera Rivera	==2
Participant's Address:	Urb-El Madrigal G-21 Colle Warain	Inak
Participant's Email Address:	Josita pivera 1700 Ponce, P.R. 0073	0
Name of Counsel:	ymail. Can.	
Address of Counsel:		
Email Address of Counsel:	2101030 F	
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	17 BK 32.83 - LTS	
Nature of Claim:	PROMESA - TITLE 111	Н
By: Journal Ruin Signature	e Lines	
Tovita R Print Name	Sivera Rivera	
Title (if Participant is n	not an individual)	
Date Date	2021	

El modrigal Fonce, P.R. 00730

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Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 71 of 108

Participant must provide all of the information below in English:

	on, including email address, and that of its counsel,
if any:  Participant's Name:  Andres	Ballester Rivera
Participant's Address: HC3	Box 11647 CHuado, P.R.00649
Participant's Address:	DOX 11641 WHULUO 1-11 000
Participant's Email Address:	NA
Name of Counsel:	N/A
Address of Counsel:	NA
Email Address of Counsel:	N/A
2. Participant's Claim number an	d the nature of Participant's Claim:
Claim Number:	A STATE OF THE STA
Nature of Claim: Rome	eraso
By: Signature	the
Signature  Andres Ballester	Rivera
Print Name	2000
* ,	S.E. 2
Title (if Participant is not an individua	al)
	DECT
Date	·

Case:17-032874, TS Description Page 72 of 108 ASOCIACION DE EMPLEADOS DEL E. L. A. DE PUERTO RICO



Ave. Ponce de León 463, Pda. 35 Hato Rey - P O Box 364508 San Juan, Puerto Rico 00936-4508

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#### SOLICITUD DE LIQUIDACION DE AHORROS Y DIVIDENDOS

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. Biombre y Apeliidos			Núm	. Empleado 1	lum Seg. Social		
ANDRES BALLESTER RIVERA	1		C04	115			
Dirección Residencial	Temon CANTICO UEIL	ADO DI	EDTO DICO	1	elélono 894-4937		
CARR. 111 BO CAGUANAS S	SECTOR CAYOUD UTU	ADO, PC	ERIO RICO		Zip Code		
Dirección Postal HC-03 BOX 11647 UTUAD	OO, PUERTO RICO		00	0641			
4. Indique les ultimas dos (2) agencias donde trabajó		Fechas		has	Zona o Pueblo		
Agencia	Puesto - Ofic. Neg. o	División	- Çemenzê Traksjer	Terminó			
DEPT. EDUCACION	COMEDORES ESC	OLARES	03-feb-72	28-Feb02	UTUADO		
Fecha de Electividad	ro 2002		6. Nombre y dirección del pariente más cercano que no viva con uste				
Indique Fecha (s) de Licencia (s) sin Sueldo n/a				MARIA BALLESTER RIVERA HC-03 BOX 11647 UTUADO, P.R. 00641			
COMICIN (8) BILL GORIOC	mis ahorros y dividendos act	umulados e	n esa Asociación has	ta la fecha de mi separ	ación del servicio público.		
TESTIFICO que la información anul ofre	acida es correcta:						
X Marie Mallesti	Mun 4 diciem	bre 20	01	- <u> </u>	a sal Test po		
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iombre del Conyuge anterior							
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Fecha de Matrimonio y Divorcio							
Nombre y firms de la persona que otraca PARTE 18 A SER LLENADA POR LA							
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(1993 Específico) Fecha de Efectividad de la Renuncia 18 44 A COMBIZAR A TRABALAR SY OTRA ACE	3.	<del> </del>	Razón de	Hasia			
inea Especisco)  Fecha de Electividad de la Renuncia  B VA A COMBRAN A TRABALAN EN CITRA ACE  B) ¿CUÁT	3.	<del> </del>	Razón de	Hasia			
(nea Especisco)  Fecha de Electividad de la Renuncia  B VA A COMBUZAR A TRABALAR EN OTRA ACE  B) ¿CUÁT	2 3 DEGA FAYOR PROICAR:		Razón de	Hasta			
Resa Específico)  Fecha de Electividad de la Renuncia  B VA A COMPAZAR A TRABAJAR SY OTRA ACE  B) ¿CUST  Clase de Nombrafriento	2 3 DEGA FAYOR PROICAR:		Razón de	Hasta Hasta Hasta  Hasta  Fecha  S ULTIMOS CLUTRO (4) ME			
Fecha de Electividad de la Renuncia  B VA A COMBIZAR A TRABALAR SY OTRA ACE  B) ¿CUSI?  Clase de Nombrañelnio  ACE SIGNETTES DESCUENTOS DE SU SUE	2.  3.  DOCIA FAYOR PODICAR:  LOO MENSUAL FUERON REALIZAD		Razón de t	Hasta Hasta Hasta  Hasta  Fecha  S ULTIMOS CLUTRO (4) ME	SES DE TRABAJO.		
(1993 Especifico)  Fecha de Electividad de la Renuncia  B VA A COMBIZAR A TRABALAR SY OTRA ACE  B) ¿CUÁI?  Clase de Nombrathiento  ACS SIGUENTES DESCUENTOS DE SU SUE	2.  3.  DOCIA FAYOR PODICAR:  LOO MENSUAL FUERON REALIZAD		Razón de t	Hasta Hasta Hasta  Hasta  Fecha  S ULTIMOS CLUTRO (4) ME	SES DE TRABAJO.		
(1993 Especifico)  Fecha de Electividad de la Renuncia  B VA A COMBICAR A TRABALIAR SY OTRA ACE  B) ¿CUÁT?  CÚ Clase de Nombrahiento  ACS SIGUISYTES DESCUENTOS DE SU SUE	2.  3.  DOCIA FAYOR PODICAR:  LOO MENSUAL FUERON REALIZAD		Razón de t	Hasta Hasta Hasta  Hasta  Fecha  S ULTIMOS CLUTRO (4) ME	SES DE TRABAJO.		
(Rea Específico)  Fecha de Electividad de la Renuncia  B VA A COMBICAR A TRABALIAR SY OTRA ACE  B) ¿CUÁT?  C) Clase de Nombrafriento  ACS SIGUIDITES DESCUENTOS DE SU SUE	2.  3.  DOCIA FAYOR PODICAR:  LOO MENSUAL FUERON REALIZAD		Razón de t	Hasta Hasta Hasta  Hasta  Fecha  S ULTIMOS CLUTRO (4) ME	SES DE TRABAJO.		
Fecha de Electividad de la Renuncia  a va a competar a Trasaular en OTRA ACE  a) ¿Cuál?  d) Clase de Nombrañnento  ACS SIGUIENTES DESCUENTOS DE SU SUE	2.  3.  DOCIA FAYOR PODICAR:  LOO MENSUAL FUERON REALIZAD		Razón de t	Hasta Hasta Costo	PRESTANCE		
Fecha de Electividad de la Renuncia  a va a competar a Trasaular en OTRA ACE  a) ¿Cuál?  d) Clase de Nombrañnento  ACS SIGUIENTES DESCUENTOS DE SU SUE	2. 3. DOCIA FAYOR PLOICAR:  LOO MENSUAL FUERON REALIZAD  AMORROS  A GLOBAL DE VACACIONES S  CITAR A PRESTAMO		Razón de t	Hasta Hasta Cess  S ULTIMOS GLATRO (4) ME	SES DE TRABAJO.		
(Recha de Efectividad de la Renuncia	2. 3. DOCIA FAYOR PLOICAR:  LOO MENSUAL FUERON REALIZAD  AMORROS  A GLOBAL DE VACACIONES S  CITAR A PRESTAMO	OS PARA LA A	Razón de secución durante lo seguno	Hasta Hasta Cesso  S ULTIMOS CLATRO (4) ME Cartifico que he anteriormer	PRESTAMO  PRESTA		
(Recha de Electividad de la Renuncia  BINA A COMBIZAR A TRABALAR EN OTRA ACE  B) ¿CUÉT?  CLESS de Nombratriento  ACS SIGUIENTES DESCUENTOS DE SU SUE  MES  CANTEDAD ACAZOTTADA "A SU DEUDA DE SUN  SETO ENMADO A LA ASOCIADON PARA ACRE  OPERA SI ESTRA ESPARA)	2. 3. DOCIA FAYOR PLOICAR:  LOO MENSUAL FUERON REALIZAD  AMORROS  A GLOBAL DE VACACIONES S  CITAR A PRESTAMO	OS PARA LA A	Razón de 8 8 SOCIACION DURANTE LO 8EGURO	Hasta Hasta Cesso  S ULTIMOS CLATRO (4) ME Cartifico que he anteriormer	SES DE TRABAD.  PRESTAMO  Versicado toda la información Ofrecid		

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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 74 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

Participant's Name:

Participant's Address:

Hc3 Box 10636 Comerio, Puerto Rico com

Participant's Email Address:

Participant's Email Address:

Maritza Ayala Com

Participant's Email Address:

Imaritza ayala 62 agmail com

Name of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

I 47269

Nature of Claim:

Emplicades Publicos Pension / Jubilación

By:

Maritza Ayala Tañon

Print Name

Title (if Participant is not an individual)

8 agosto 2021

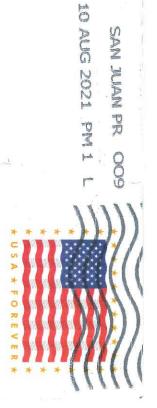
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HC-3 BOX 10636

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United States District Courts, Clerk's Office, 150 Ave. Chardon Ste. 150; San Juan, P.R. 00918-1767



## Case:17-03283-LTS | Doc#:17794-1 | Filed:08/12/21 | Entered:08/12/21 15:42:33 | Desc: Pro se Notices of Participation Page 76 of 108

Participant must provide all of the information below in English:

	's contact information, including email a	address, and that of its counsel,
if any:	Adelaida Pacheca	Colon
Participant's Name:		1 - 1
Participant's Address:	Urb. Hacienda Calle 4	1 Ag-11 Guayama P.R
Participant's Email Addre	ss:	00/89
Name of Counsel:	No	
Address of Counsel:	NO	
Email Address of Counsel	. NO	
2. Participant	's Claim number and the nature of Partic	cinant's Claim:
z. i articipant	121021	orpani o Cianni.
Claim Number:	102836	
Nature of Claim: Cas	5e# 17BK 03283-	LTS CommonWealth
By: adelaida	Pachocs Colon	
Signature	Pacheco Colon	
Print Name	Jacke Carr	202
Title (if Participant	t is not an individual)	
August	10, 2021	
Date U	,	ω



# Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 78 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: marrero avne a Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: mployee and Pension Retiree Claims Nature of Claim: By: Title (if Participant is not an individual)

P.O. Box 278 Dorado P.R. 00646 Jayne Marrero Quintero

San Juan, P.R. 00918-1767 Office, 150 Ave Carlos Chardon Ste. 150, Inited States District Court, Clerks

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# Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 80 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any:	
Participant's Name:	Aver Le Romos Maldonado
Participant's Address:	P. O. BUX JU924 San Juan, P.K. 00928-092
Participant's Email Address:	P. O. Bo x 20924 Son Juan, P.R. 00928-0924
Name of Counsel:	N-13
Address of Counsel:	/V - P7
Email Address of Counsel:	N-A.
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	ANE L. Ramos Maldonado
By: Aug L. Romb Signature	yees Retirement System of the Soveraint  Out the Common wealth of Murtiplicar  Case: NO 17BK-3566-Lts  Reduced to XID 9686
Print Name  Promesar +:+  Title (if Participant is	the D
Date	
	ce of Participation: If you are represented by counsel, this Notice

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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Pro se Notices of Participation Page 82 of 108

Participant must provide all of the information below in English:

1.

1. Participant's co	ntact information, including ema	ail address, and that of its counsel,
Participant's Name:	Raguel Cora Oca	sio Jama PR 00785-3013
Participant's Address:	PO BOX 3013 Quag	Jama PR 00785-3013
Participant's Email Address:	coraquel 07 @gmail	1. com
Name of Counsel:	-	
Address of Counsel:	<del></del>	
Email Address of Counsel:	The first of the second	
2. Participant's Cl	aim number and the nature of Pa	articipant's Claim:
Claim Number:	92119	Automorphic Company
Nature of Claim:	Pension/Retiree	
By: Raquel Cora  Raquel Cora	y casio_	RECEIVED
Print Name	Jeguno pon Desemples	ED & FILE
August 9, 202 Date	1	2

Po Box 3013
Cuayan M 00785-3013

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Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 84 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Edith Miranda Rivera Participant's Name: Participant's Address: Participant's Email Address: <u>Carrasquillorauliz</u> @ gmail. Com I don't have Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Public employee and pension reti Nature of Claim: By: Title (if Participant is not an individual) August 7 2021
Date

Case:17-03283-LTS Doc#:17794-1 Filed:08/1.

Edith Wiranda Rivera Pro se Notices of Participal Calle #1-0-17

Sans Souci, Bayamon, P.R. 7021

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Ted.08/12/21 Entered:08/12/21 15:42:
Participation Flage 85 of 108

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Desc:



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United States District Court, Clerk's Office, 150 Aye. Carlos Chardon ste. 150
San Juan, P.R. 00918-1767

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# Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 86 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.
Participant's Name: Lourdes Laguna
Participant's Address: 1/2 Alfani Street Davenport, 7133896
Participant's Email Address: <u>//educator@yahoo.com</u>
Name of Counsel: $n/A$
Address of Counsel: $NA$
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 164 699
Nature of Claim: Promesa Title III
By: Signature
Lourdes Lagura Print Name
Title (if Participant is not an individual)  08-04-21.  Date

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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 88 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	NORMAI MERCA	
Participant's Address:	10 E. Carroll St. P.	
Participant's Email Address:	MORMAMERCASOG6	@icloud.com
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:	Zantasi i	
Claim Number:  Nature of Claim:  By:  Signature  NORMO  Print Name  SELF  Title (if Participant is a	PENSION  PENSION  MERCAD  IN Jivitum  not an individual)  21	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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# Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 91 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: \_\_\_\_\_\_ Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Signature Print Name Title (if Participant is not an individual)

Maritza Camache Acevedo Pro se Notices of Par Victoria Station P.O. Box 1694 Aguadilla, P.R. 00603







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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Pro se Notices of Participation Page 93 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, Miranda Rivera, Domitila Participant's Name: Ave. Ramon R. Rodriquez #57. Chalets de Bayamon Apto, 2911, Bayamon Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Poblic Employee and By: Signature Mirande Domitila Print Name Title (if Participant is not an individual)

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1.

Miranda Rivecas: 1D03283-LitbaDoc#:17794-1 Filed 108/12/21 Entered 108/12/21 15.42.33 De Prose Notices of Participation Pate #4061118 Pate #4061118 Chalets De Bayamon Apto. 2911

Bayamon, P.R. 00959

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United State District Court, Clerk's Office, 150 Ave. Carlos Chardón ste. 150 San Juan, P.R. 00918-1767







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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 95 of 108

Participant must provide all of the information below in English:

if any:
Participant's Name: Carrasquillo Maldonado, Raul  Participant's Address: Calle 1 -0-17 Saus Souci Bay.
Participant's Address: Calle 1 -0-17 Saus Souci Bay
Participant's Email Address: <u>Carrasquilloraul 12</u> @ q mail.com
Name of Counsel: I don't have
Address of Counsel: N/A
Email Address of Counsel: N/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 149945
Nature of Claim: Public Employee and Fersion-Retiree  By: Raul Carrasquille Waldonacle  Raul Carrasquille Maldonacle
By: Lavil Garrasque la Waldonaclo
Signature
taul Carrasquillo Maldonado
Print Name
Title (if Participant is not an individual)
Hapsto 7, 2021
Date

Ray/ Carrasquilly Project Notices of Participation

Calle 1-0-17 Sans Souci, Bay. P. L. 00957





United States District Court, Clerk's office, 150 Ave, Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

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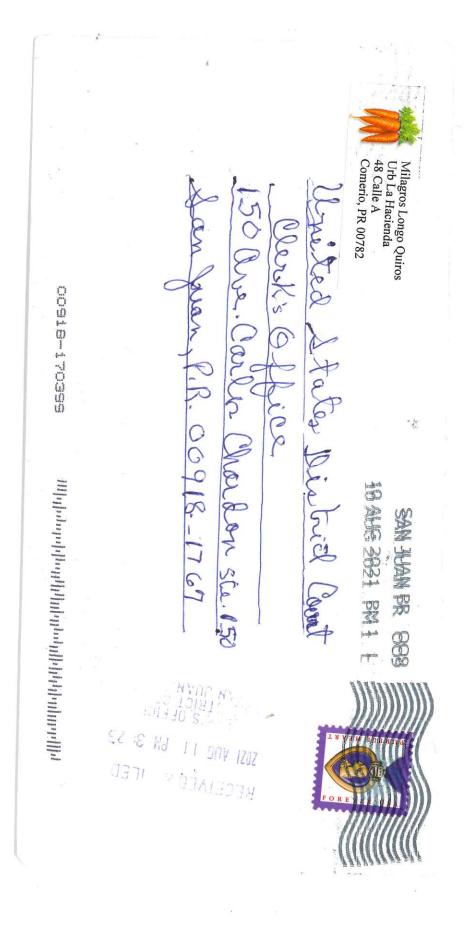
Pro se Notices of Participation Page 97 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual) Date



# Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 99 of 108

Participant must provide all of the information below in English:

<ol> <li>Participan if any:</li> </ol>	at's contact information, inclu-	ding email address, and that	of its counsel,
Participant's Name:	Wilma E. Bo	amos Rodríque	22
Participant's Address:	Urb Doritas Garde	D 1 1	,
Participant's Email Addr	ess: wilmaerregma	ril com	*
Name of Counsel:	PROSKAUER	ROSE LL	P
Address of Counsel:	Eleven Times Squ	are New York, NY	10036
Email Address of Counse	əl:	NA	
2. Participan	at's Claim number and the nat	ure of Participant's Claim:	
Claim Number:	F1R4-0238654	17 BK 3283 -	LTS = 3
Nature of Claim:	Demand to The Fine	ancial Oversight and Wan.	accurent Boardforms
By: Ylula E Ka	ruos Rodríaces	Common	nwealth of PR
Signature	77		
Wilma E P	rames Fodraguez		新星型 😛 🖺
Print Name	<del>J -</del>		23
Title (if Participar	nt is not an individual)		
07/31/2021			
Date			

Wilma ERamos Urb Doritas Garden 407 Pasaden a Joabela, PR 20062

Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 100 of 108



Court's Clerk's office
United States District Court Clork's Affice
150 Ave Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc Pro se Notices of Participation Page 101 of 108

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

n any.	
Participant's Name:	Magda M. Meléndez Virella
Participant's Address:	Calle 3 12 Unb. El Rosario Vega Baja, P.R.
Participant's Email Address:	magda-10109 VAhoo. Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's (	Claim number and the nature of Participant's Claim:
Claim Number:	49762
Nature of Claim:	former employment with the government
By: Magdafre	les Of Puerto Rico
Signature	
Magda Me Print Name	lendez
Title (if Participant is	not an individual)
August 4,	2021
Date	

Anomi Magda M. Melen dero selviotices of Participation Page 102 of 108

Calle 3 NID Unb. El Rosario Veg Baja

Puerto Rico 00693



Jo: Court's Clerk's Office United States District Court Clerk's Office, 150 Ave Carlos Chardon Ste 150, San Juan, P.R. 00918-1767

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## Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Pro se Notices of Participation Page 103 of 108

Participant must provide all of the information below in English:

1. Participant's c	ontact information, including email address, and that of	its counsel,
if any:		
Participant's Name:	telix Reyes Jantiago	
Participant's Address:	HC-12 Box 7254 Humacao	P.N. 0079
Participant's Email Address:	14277 fh (3) hotmail. con	1
Name of Counsel:	NA	The second second
Address of Counsel:	NA	
Email Address of Counsel:	NIA	
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	VO. 17 BR 3283-LTS	S
Nature of Claim:	Jointly Administered	
By: Flly Reges	Santiage	ED &
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District Court, Clerks
Office, 150 Ave. Car los
Chardon Ste. 150
San Juan, P.R. 00918-1767

HC-12 Box 7254 Humacao, P.R. 00791



# Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 105 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	Brenda Lee	Santiage	DAIZ	
Participant's Address:	3 Calle Br	isa Dorada	Cidra	HAR.
Participant's Email Address:	angel brenda	90 Damail o	om	
Name of Counsel:	M	A		
Address of Counsel:	[14]	A		
Email Address of Counsel:	N	A .		
2. Participant's C	laim number and the nat	ure of Participant's Cla	ıim:	
Claim Number:	175937-1		<del></del>	
Nature of Claim: By: Signature	ho			
Brenda Lee Print Name	Santiago Otto	2	2021 AL	5 7 7
Title (if Participant is	not an individual)			<u> </u>
Date			2	

Brench L. Santago Pro se Notices of Participation Page 106 of 108 3 Calle Brisa Dorada Cidra, P.R. 00739





United States District Court, Clerks Office 150 Ave. Carlos Chardon Ste, 150 San Juan, PR. 00918-1767

# Case:17-03283-LTS Doc#:17794-1 Filed:08/12/21 Entered:08/12/21 15:42:33 Desc: Pro se Notices of Participation Page 107 of 108

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:
Participant's Name: Ana Alvarado Marren
Participant's Name: Ana Alvarado Marrero  Participant's Address: HC-0-Box 3647, Villallog P.R. 0076
Participant's Email Address: pedro 1952 montes @ g moil. Com.
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: # 1393 70
Nature of Claim: Unpaid wages by the government of P.R. By: - ana alvorodomonoso
Ana Alvarado Marrero
Title (if Participant is not an individual)  9 - ago to 2021  Date
Instructions for Filing Notice of Daylicingtion, If

Alvaracio Marrero 12/ BOX 3649 12/60, P.R. 00764

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